



HIGH LEVEL Side-Event on Protection of Health Care

26th of MAY 2021

REPORT

On 26 May, in the margins of Protection of Civilians week at United Nations Headquarters, the Permanent Mission of Norway, the International Committee of the Red Cross, and the Norwegian Red Cross held a side event on “Protection of Health care.” The event was co-sponsored by Canada, Egypt, European Union, France, Japan, New Zealand, Niger, Spain, St. Vincent and the Grenadines, Sweden, Switzerland, Tunisia, Uruguay, and OCHA. Kaja Sannerud Andersen from the Norwegian Red Cross moderated interventions from Algeria, Canada, Colombia, Egypt (on behalf of the 2286 penholders), El Salvador, the European Union, Iraq, Niger, Nigeria, Sudan, Sweden, Switzerland (in its national capacity and on behalf of the informal Group of Friends of 2286), the Iraqi Red Crescent Society, the Safeguarding Health in Conflict Coalition, and the World Medical Association. The European Commissioner for Crisis Management made the concluding remarks. The event was held virtually with close to 200 participants worldwide.

Five years after its adoption, this event focused on reinvigorating implementation of UN Security Council Resolution 2286 (2016). Speakers shared their ongoing efforts in their own countries as well as regional and international actions.

Ine Eriksen Soreide, Minister of Foreign Affairs of Norway, reiterated that one of the most fundamental issues for protection of civilians is the right to safe access to health care, and while the passage of UNSCR 2286 was an important milestone, five years later health care remains very much in peril all over the world. She gave several examples of Norwegian efforts for implementation: the listing by the Norwegian Penal Code that all attacks against medical and health care personnel, facilities, materiel, units, or vehicles constitute war crimes; the current IHL manual used by the Norwegian defence forces includes measures to ensure the protection of health care and humanitarian organisations; Norway’s active support for the ICRC, Geneva Call and other organisations that are working to strengthen compliance with IHL, including the protection of health care; and finally Norway’s backing for the process led by Ireland to secure a political declaration to minimise the use of explosive weapons in populated areas.

Peter Maurer, President of the ICRC, emphasised as well that after five years there has not been significant decrease in attacks: between January 2016 and December 2020, the ICRC documented 3,780 incidents affecting the delivery of health care in 49 countries. During the pandemic, new patterns of violence and stigmatization against health care workers and patients emerged, with the ICRC recording 848 violent incidents against health care associated with COVID-19 from February to December 2020. Due to the difficulty of gathering data, especially in conflict situations, the figures are believed to represent the tip of the iceberg. He urged the international community to move from statements to action, starting at the national level. Maurer said that the process is possible: the ICRC has developed tools to provide

member states with practical guidance for armed forces and legislative bodies including checklists that cover challenges related to the protection of health care during armed conflict and other emergencies.

Mohamed Fathi Ahmed Edrees, Permanent Representative of Egypt, spoke on behalf of all UNSCR 2286 co-penholders, taking us back to when the resolution was first adopted. He, too, expressed disappointment on implementation and noted that the co-penholders continue their efforts to advance implementation of UNSCR 2286.

Pascale Baeriswyl, Permanent Representative of Switzerland, also lamented the lack of progress made towards making the world safer for health care. Speaking both on behalf of the informal group on UNSCR 2286 and in a national capacity, she noted that close to 4000 registered events impeded the delivery of health care in conflict affected countries over the last four years. Switzerland called for all states to ratify the Additional Protocols to the Geneva Conventions and include comprehensive and efficient humanitarian exemptions in their counter-terrorism and sanction measures and legislations.

Dr. Yaseen Ahmed Abbas, President of the Iraqi Red Crescent Society (IRCS), shared his perspective from an affected context. In 2012, the IRCS launched a joint initiative with the aim of securing protection for health care through a national conference in which executive and legislative actors, civil societies, and tribal and religious figures participated. Follow-up with practical measures included capacity-building program of health workers on safe access during armed conflict. The IRCS called for additional concrete action to enhance protection of health care in Iraq such as registration of health personnel, or a mandatory insurance system against medical errors for medical workers.

Examples of Best Practices from Speakers

- **Algeria** strengthened its legal framework by passing a law in July 2020 that amends the penal code to ensure protection of health officials and facilities from any forms of attacks with provisions of prison sentences against perpetrators of violence. Algeria has also organised training workshops and materials for members of the armed forces.
- **Canada** has a robust domestic legislation to support implementation of international humanitarian law, such as using distinct emblems for medical staff and the prosecution and punishment of violation of the Geneva and Additional protocol. Canada is also implementing at operational levels through military training and collaboration between national Defence services and the ICRC.
- **Colombia** has a state-of-the-art system of response to incidents of violence against the medical mission, both those connected to the armed conflict and those occurring within other situations of violence. The system has evolved over the last three decades

and its key components include dedicated legislation, standardised identification of personnel and assets, training programs for health workers, a robust data collection mechanism and a system of national and subnational roundtables, which are tasked with responding to incidents both at the operation and policy levels.

- **Egypt** stressed its accession to the Kigali Principles in November 2018 and has started including awareness materials on the protection of civilians in pre-deployment training sessions for peacekeepers.
- In **El Salvador** service providers, Salvadorean Red Cross and the ICRC joined forces and created the Regulation for the Protection of Health Services, which is based on the Safer Access methodology – specifically adapted to the current context, categorized as of ‘other situations of violence’ (OSV). Since 2019, the country has developed good practices through activities in coordination with the MoH, the National Institute of Health and the Directorate of the First Level of Care, the Salvadorean Red Cross and the ICRC where the approach is coordinated on a national level, with trainings on the protocol for health service protection of the MoH, safe access to health care, and documentation of the incidents in a standardized monitoring plan/database to identify the difficulties the facilities have to implement at a local level.
- **Iraq** noted the challenges faced by health care providers in its country and shared that it has engaged in a large awareness-raising campaign through state media to show how violence against health care providers undermines overall health care. The Supreme Judicial Council has also stressed the issue through repeated messages to Investigating Courts across the country and with the appointment of a judge who specializes in hearing cases related to attacks against doctors.
- **Japan** revitalized the National Committee on International Humanitarian Law to increase raising awareness to the wider population.
- **New Zealand** has pledged to produce a report on its domestic implementation of international humanitarian law obligations, including protections for medical workers and medical services in armed conflict.
- **Japan, New Zealand, Spain** and several other Member States pledged at the 33rd International Conference of the Red Cross and Red Crescent to promote broader awareness regarding the International Humanitarian Fact-Finding Commission (IHFFC). **Switzerland** also voiced support for the IHFFC during this meeting.
- **Niger** has undertaken a study of the domestic legal framework and operational military practices relevant to protection of health care in 2017. A committee (including the Ministries of Health, Defence, and Interior) has been put in place to follow up on implementation of recommendations. In March 2021, the imams participating to the

regional conference on protection of health care as per international humanitarian law and Islamic law organised by the Islamic University of Niger and the ICRC made a call to support local, national and sub-regional initiatives to protect health care. Niger commits to integrating protection of health care into its national health development plan 2021/2025.

- **Nigeria** passed in 2017 a legislation to assure safe access to health care by victims of gunshot wound. Legislation stipulates that people should get emergency medical treatment first with no requirement for a police clearance. Since then, the Nigerian Police has been tasked to support victims in accessing care. A study on implementation of the Compulsory Treatment and Care for Victims of Gunshot Act within the Nigerian police Fire and health community will be carried out with the support of the ICRC.
- **Sudan** passed in May 2020 “The Physician, Health personnel and Facilities Protection Act” to create a safe and healthy environment where medical representatives can perform their duties in the best way possible by granting protection for medical representatives while they are performing their duties and creating penalties for those that assault, disrupt, or destroy medical facilities or personnel.
- **Sweden** highlighted the Guidance Document for the Armed Forces it created in collaboration with the ICRC to present practical ways to better protect medical workers and equipment and safeguard access to care in armed conflict. The guidance document allows militaries to carefully assess and adapt their military doctrine and practice to include the component of protection of the medical mission.
- **Switzerland** and **Canada** created an informal group on the protection of the medical mission in Geneva that discusses concrete avenues to raise awareness, better connect our capitals with New York, Geneva and the field, and to broaden the range of stakeholders that are involved.
- **Switzerland** hosted a meeting of government experts of more than 100 countries in November last year to identify good practices to protect the medical mission in armed conflict. Good practices identified included the collection of data on violence against medical personnel; de-escalation and violence management training; and no-weapon policies in medical facilities and transports. Thanks to a close collaboration between all concerned ministries, Switzerland will implement several practices discussed during the experts meeting, for instance by including them into the training of its armed forces and into relevant regulations.
- **Uruguayan** peacekeepers on the ground must carry out daily protection tasks for civilians, which often include the protection of health personnel and humanitarian personnel dedicated to medical missions, as well as hospitals.

- **Safeguarding Health in Conflict Coalition** called for more member state action for implementation through five steps: 1) States should be held accountable for their commitments through the appointment of to a Special Representative of the Secretary-General for 2286 that can provide monitoring and reporting; 2) Political leaders must demand ministers of defence provide clearer guidance for protection of health care in the field for troops; 3) Ministries of health should be more involved overall; 4) More data gathered and reported; and 5) UN member states must cease actions that undermine protection and there must be accountability, even with General Assembly-established Special Tribunals.
- The **World Medical Association**, representing more than 10 million physicians worldwide, shared its concerns about the surge of violence against health personnel in areas of conflict. They called for urgent action to uphold medical neutrality and for full accountability for violations of that neutrality.

Janez Lenarcic, EU Commissioner on Crisis Management and European Emergency Response Coordinator, gave concluding remarks. The Commissioner underscored the importance of sharing good practices in light of continued attacks and secure funding to ensure continuity of care, build resilient systems, and champion full respect for international humanitarian law with accountability for violations. The Commissioner further noted the need for integrating the protection of health care into other humanitarian efforts where relevant and possible.

In summary, the event served to bring awareness of concrete actions with the goal that they may be taken up by other member states so that further implementation of UNSCR 2286 leads to better protection for health care in conflict. Many member states reiterated the need to do more, from gathering information and reporting to ensuring accountability. As President Maurer of the ICRC stated in his opening remarks, the sharing of good practices between member states is crucial to collaborate, inspire, and perhaps emulate one another.